

Revision: HCFA-PH-87-4 (BERC)
MARCH 1987

SUPPLEMENT 1 TO ATTACHMENT 3.1-A
Page ⑤
OMB No.: 0939-0193

State/Territory: Missouri

F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible recipients will have free choice of the providers of case management services.
2. Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

88-6

TN No. MS 87-9
Supersedes
TN No. N/A

Approval Date July 24, 87

Effective Date April 1, 87

HCFA ID: 10A0P/0016P

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Missouri

CASE MANAGEMENT SERVICES

A. Target Group:

See page ~~1b-1~~

B. Areas of State in which services will be provided:

☒ Entire State.

☐ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

☐ Services are provided in accordance with section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

See page 1b-1, 1b-2

E. Qualification of Providers:

See page 1b-2, 1b-3

TN No. MS 88-6
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TN No. MS 87-9

Approval Date 4/20/88

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HCFA ID: 1040P/0016P

- A. Target Group: All Medicaid eligible children asses of an unfavorable physical, developmental and/or ps and, being below the age of two until October 1, 19 three until October 1, 1989, below the age of four, 1990, and below the age of five from October 1, 199

*Is this
now a most
amendment?*

D. Definition of Services: (contd.)

Case management is a system under which responsibility for locating, coordinating, and monitoring a group of services rests with a designated person or organization in order to promote the effective and efficient access to necessary comprehensive services. Case management can be conceptualized as a set of individual client goal oriented activities which organize, coordinate, and monitor service delivery based on measurable objectives.

The goal of case management for children is to increase participation in preventive health care and establish a continuum of care. The service will assist individual children in accessing coordinated services from programs such as Medicaid, the Special Supplemental Food Program for Women, Infant and Children (WIC), Prevention of Mental Retardation (PMR), Crippled Children's Service, etc. Early entry into health care and compliance with medical regime enhances and improves the medical management of children. It should also be beneficial in identifying and working through other barriers to access to care.

Limitations on services -

A Risk Appraisal for children may not be billed in addition to comprehensive office services or extended office services, as the risk appraisal is included in the reimbursement amount for the visit. It may be billed on the same date of service as a lesser level of service visit.

No additional reimbursement will be made for the risk appraisal for an infant as it is included in the reimbursement for EPSDT screening.

Medicaid will reimburse only one (1) case management fee per calendar month.

A case management fee is not reimbursable for any calendar month during which there is neither a face-to-face contact or other case managing service contact established with the recipient.

Case management services are not reimbursable if the recipient is not Medicaid eligible on the date of service.

Case management services are not reimbursable if the recipient is hospitalized and the services are rendered during the period of hospitalization. However, in the case of a very low birth weight infant (less than 1500 grams), one month of case management would be allowed for the newborn who is still hospitalized, provided the case

State Plan No. 88-46 Date 1/1/88
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D. Definition of Services: (contd.)

manager makes at least one home visit in order to complete the assessment and to begin to prepare the parents for care of the infant at home.

If a case manager contacts a Medicaid eligible client who has been assessed as being at risk, informs them in person of the service, and the client refused to be enrolled, the case management provider may bill for one case management service.

No additional reimbursement will be made for mileage in connection with home visits.

Coordination With Non-Medicaid Agencies -

In accordance with the responsibilities and exercise of authority specified in 42 CFR 431.10(e), the Department of Social Services, as the single state agency, enters into a cooperative agreement with the Missouri Department of health concerning the provision of case management services for the targeted group(s) herein specified. This cooperative agreement, designated as Attachment 4.16-D, is compliant with the requirements at 42 CFR 431.615(d).

E. Qualifications of Providers:

Case Management providers must meet all of the following criteria:

1. Be enrolled as a Missouri Medicaid provider.
2. At least two years' experience in the development and implementation of coordinated individual maternal and child health care plans.
3. Be able to demonstrate the ability to assure that every pregnant woman and infant/child being case managed has access to comprehensive health services.
4. A minimum of one year's experience in the delivery of public health or community health care services including home visiting.
5. Employ licensed registered nurses (R.N.'s); medical social workers (with a master's degree in social work, or a bachelor's degree with an emphasis in social work and two years' medical social work experience); or licensed physicians (M.D.'s or D.O.'s) as case managers, and who have the following knowledge and abilities:
 - o Federal, state and local entitlement and categorical programs related to children and pregnant women such as Title V, WIC, Prevention of Mental Retardation, Crippled Children's Services, etc.
 - o Individual health care plan development and evaluation

State Plan No. 89-27

Effective Date 10/1/89

Supersedes Title _____

Approval Date 1/25/90

5. Qualifications of Providers: (contd.)

- Community health care systems and resources
- Perinatal and child health care standards (ACOG, APP, etc.)
- To interpret medical findings
- To develop an individual case management plan based on an assessment of client health, nutritional status and psycho/social status, and personal and community resources
- To educate clients regarding their health conditions and implications of risk factors
- To reinforce client responsibility for independent compliance
- To establish linkages among service providers
- To coordinate multiple agency services to the benefit of the client
- To evaluate client progress in accessing appropriate medical care and other needed services

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September 1998 Page 1c

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Missouri

CASE MANAGEMENT SERVICES

A. Target Group:

All children whose physical and legal custody has been committed to the Missouri Department of Social Services, Division of Family Services, Jackson County Office by judicial order in Jackson County, Missouri.

These children may be located in a foster home or licensed residential care facility.

B. Areas of State in Which Services Will Be Provided:

Jackson County, Missouri, is the county of jurisdiction (authority of 1915(g)(1) of the Act is invoked to provide services less than statewide).

C. Comparability of Services:

Services are not comparable in amount, duration, and scope. Authority of 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of 1902(a)(10)(B).

D. Definition of Services:

PURPOSE

Targeted case management exists to assist recipients in gaining access to appropriate and necessary medical services. Targeted case management is an activity under which responsibility for locating, coordinating, and monitoring appropriate and necessary services for a recipient rests with a specific person or organization in order to promote the effective and efficient access to comprehensive medical services.

Targeted case management services are the responsibility of a specific case manager whose primary responsibility to the child is case management. The service is provided for an indefinite period of time and at a level of intensity determined by the individual child's need.

State Plan TN No. 98-18

Effective Date November 1, 1998

Supersedes TN No. 90-36

Approval Date FEB 2 1999

The case manager is a member of a team consisting of the child, the foster parent(s), health care providers, the Division of Family Services Children's Services worker, and the Division of Family Services Foster Care Coordinator. The goal of the team is to achieve the best health outcome for the child.

The goals of targeted case management are to assure that all necessary evaluations are conducted; that an individual medical care plan is developed, implemented and monitored and that reassessments of a child's medical needs occur on a regularly scheduled basis. Early entry into preventive health care and compliance with an age appropriate medical regime enhances and improves the medical management of children. Targeted case management should also be beneficial in identifying and working through other barriers to access to medical care.

1. Targeted case management services include the following --

- Intake and enrollment into the targeted case management program -- which includes record gathering and assessment interviews;
- Assessment of the child's individual medical and specialized needs;
- Coordination of needed interdisciplinary diagnostic and evaluation services;
- Development, implementation, and maintenance of a current and appropriate medical plan of care designed to achieve a child's appropriate health goals that directly involves those concerned with the child including: the child, the foster parent(s), the Division of Family Services Children's Services Worker, and the Division of Family Services Foster Care Coordinator and health care providers.

The medical plan of care shall include:

- (1) age appropriate standards of care and intervention -- EPSDT periodicity schedules;
- (2) medical and or nursing diagnosis appropriate standard of care and interventions;
- (3) documentation of evaluation of interventions, diagnosis, problems and goals on an ongoing and regular basis;

- (4) reference to all provided services, including identification of providers;
- (5) documentation of who has been involved in the development of the medical treatment plan;
- (6) provision for necessary health teaching as well as documentation that teaching was done and by whom.

2. Services Planning

- a. Together with the child, foster parent(s), Division of Family Services Children's Services Worker, Division of Family Services Foster Care Coordinator and health care providers develop an individual medical care plan which includes types of services to be provided to meet the child's medical needs;
- b. Interpret all medical information and assure that all appropriate medical information is given to every medical provider who sees the child - e.e. dentist, ophthalmologist, otologist, and other specialists;
- c. In cooperation with the Division of Family Services Children's service worker and the foster parent(s) assure that:
 - (1) The child keeps all medical appointments;
 - (2) Receives timely episodic, well child and follow up care; and
 - (3) Arranges transportation to and from medical appointment -- however the case manager will not personally be expected to transport the child.
- d. Collect medical information from all medical personnel who see the child. Compile the information in a centralized record;
- e. Attend any meetings or permanency planning reviews which are necessary in order to assist the Division of Family Services in monitoring the provision of health related care;
- f. Assist the Division of Family Services Foster Care Coordinator and the Division of Medical Service in the education of health care providers regarding how the foster care program works;

- g. Distribute surveys to foster parents;
- h. Crisis assistance planning and intervention. The objective of crisis assistance and intervention is to stabilize a child's medical or psychological crisis situation. It may serve a preventive function in cases where hospitalization would result were it not provided. Crisis intervention assures that necessary services are immediately available on a 24-hour basis when a crisis situation develops that is urgent and requires immediate attention. The case manager's role is limited to client referral to, and contact with, the appropriate service providers.

3. Conditions of Reimbursement

Missouri Medicaid will reimburse one (1) case management fee per calendar month per child.

In order to receive Medicaid reimbursement for targeted case management services, all the following services must be provided:

- a. Contact between the child and the foster parent and the case manager at least once every two months. This contact may take place at the case manager's office or by telephone. The case manager may contact the foster parent in other ways such as by mail and must document significant coordination activities or interaction with the recipient and/or service providers.
- b. The targeted case manager with the child, foster parent(s), and Division of Family Service's Children's Services Worker must develop a medical plan of care which is documented in the case record;
- c. The case manager must reevaluate the plan when necessary but at a minimum once every two months;
- d. The case manager must provide narrative documentation to supplement the plan which includes:
 - (1) information supporting the services selected;
 - (2) information supporting case management decisions and actions;
 - (3) documentation of communication with the child, foster parent(s), Division of Family Service's Children's Services Worker;

TN No. 90-36

Supersedes Approval Date 01/14/91 Effective Date January 1, 1991

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